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CONFIRMATION NO. 4620

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/412,072 09/19/2002  
 and claims benefit of 60/425,401 11/12/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	OH	14	35	2
Allowance <i>Ray</i> Examiner's Signature	<i>AT</i> Initials			

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## TITLE

Finger tip electrosurgical medical device

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